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|--|--|--------------------------|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3> | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | |
| | | 10/509,659-Conf. #2384 | |
| | | Filing Date | |
| | | September 29, 2004 | |
| | | First Named Inventor | |
| | | Stephen W. Miller | |
| Examiner Name | | D. A. Jones | |
| Art Unit | | 3643 | |
| Attorney Docket No. | | 13346-205424 | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | |
| | | 0.00 | |

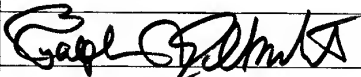
| METHOD OF PAYMENT (check all that apply) | |
|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | |
|---|---------------------|---|----------------------|----------------------------------|----------------------|-----------------------|----------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | Fee (\$) | Small Entity Fee (\$) | | | | | |
| Each claim over 20 (including Reissues) | 50 | 25 | | | | | |
| Each independent claim over 3 (including Reissues) | 200 | 100 | | | | | |
| Multiple dependent claims | 360 | 180 | | | | | |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | | |
| _____ - 20 = _____ | x _____ | = _____ | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | |
| _____ - 3 = _____ | x _____ | = _____ | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| _____ - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | = _____ | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | <u>Fees Paid (\$)</u> | | | |
| Other (e.g., late filing surcharge): _____ | | | | | | | |

| SUBMITTED BY | | | |
|-------------------|-------------------|-----------------------------------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 43,466 |
| Name (Print/Type) | Ralph P. Albrecht | Telephone | (703) 760-1681 |
| | | Date | 6/12/07 |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|------------------------|--------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/509,659 |
| | Filing Date | September 29, 2004 |
| | First Named Inventor | Stephen W. Miller |
| | Art Unit | 3643 |
| | Examiner Name | D. A. Jones |
| Total Number of Pages in This Submission | Attorney Docket Number | 13346-205424 |

| ENCLOSURES (Check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> IDS Form SB08A/B (with one non-patent literature reference) <input checked="" type="checkbox"/> One (1) non-patent literature reference <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; padding: 5px; width: 150px; float: left; margin-bottom: 5px;">Remarks</div> | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | VENABLE LLP | |
| Signature |  | |
| Printed name | Ralph P. Albrecht | |
| Date | 6/12/07 | Reg. No. 43,466 |

140143

Issue Date:

Date _____